

Fill in this information to identify your case:

Debtor 1 Cherie Harrison Savage

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 18-73839-FJS
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>Retired</u>	<u>Rigger Supervisor</u>
	Employer's name		<u>General Dynamics Nassco-Norfolk</u>
	Employer's address		<u>200 Ligon St Norfolk, VA 23523</u>
	How long employed there?		<u>1 year</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>6,391.02</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>6,391.02</u>

Debtor 1 **Cherie Harrison Savage**

Case number (if known) **18-73839-FJS**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 0.00	\$ 6,391.02	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 1,274.30	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 377.82	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 446.51	
5e. Insurance	5e. \$ 0.00	\$ 593.45	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: <u>shoes</u>	5h.+ \$ 0.00	+ \$ 130.00	
<u>Metlaw</u>	\$ 0.00	\$ 15.73	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 2,837.81	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 3,553.21	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 2,171.76	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,171.76	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,171.76 + \$ 3,553.21 = \$ 5,724.97		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			
	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 5,724.97		
			Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 80%;"> <p>Mrs. Savage is working a part-time holiday job for the month of December. Mrs. Savage is now a seasonal employee and anticipates working every year for the month of December and bringing home approximately \$1,500.00 from that job. She will continue looking for a part-time job to work throughout the year. Amendments will be filed as needed</p> </div>			

Fill in this information to identify your case:

Debtor 1 **Cherie Harrison Savage**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number **18-73839-FJS**
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Cherie Harrison Savage
Cherie Harrison Savage
Signature of Debtor 1

X _____
Signature of Debtor 2

Date **December 10, 2018**

Date _____

United States Bankruptcy Court
Eastern District of Virginia

In re **Cherie Harrison Savage**

Debtor(s)

Case No. **18-73839-FJS**

Chapter **13**

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [*Specify reason for amendment: _____*]
Check if applicable: ☐ Soc. Sec. No. amended. [*If applicable: An original, signed Official Form 121 was mailed/hand-delivered to the Clerk's office on _____.**]
- ☐ Summary of Your Assets and Liabilities (and Certain Statistical Information - Individuals Only)
- ☐ Declaration (Individuals - Form 106Dec) (Non-Individuals - Form 202)
- ☐ Schedule A/B – Property
- ☐ Schedule C – The Property You Claim as Exempt
- ☐ Schedule D – Creditors Who Hold Claims Secured by Property (See LBR 1009-1)
- ☐ Schedule E/F – Creditors Who Have Unsecured Claims (See LBR 1009-1)
- ☐ Schedule E/F Creditors Who Have Unsecured Claims (See LBR 1009-1)
(\$31.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):
- ☐ Creditor(s) added ☐ Creditor(s) deleted
- ☐ Change in amounts owed or classification of debt
- ☐ No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ Post-petition creditors added (Schedule of Unpaid Debts)
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G – Executory Contracts and Unexpired Leases
- ☐ Schedule H – Codebtors
- ☒ Schedule I – Your Income
- ☐ Schedule J – Your Expenses

[NOTE: The form “NOTICE TO CREDITOR(S) (RE AMENDMENT)” is still required when adding or deleting creditors.

*Amendment of debtor(s) Social Security Number requires that this cover sheet together with a completed Official Form 121 – Statement About Your Social Security Numbers be electronically filed or submitted to the Clerk’s Office for “restricted” entry of the amended Social Security Number into the case record.]

- ☐ Statement of Financial Affairs
- ☐ Statement of Intention for Individuals Filing Under Chapter 7
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders
- ☐ Attorney’s Disclosure of Compensation
- ☐ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: all creditors.

Date: **December 17, 2018**

/s/ Carolyn Bedi

Carolyn Bedi

Attorney for Debtor(s) [or *Pro Se* Debtor(s)]

State Bar No.: **90545 VA**

Mailing Address: **Bedi Legal, P.C.**

501 Independence Pkwy., Ste 102

Chesapeake, VA 23320

Telephone No.: **757-222-5842**

I, **Cherie Harrison Savage** certify under penalty of perjury that the amended forms herein are accurate and true to the best of my knowledge and belief.

Date: **December 10, 2018**

/s/ Cherie Harrison Savage

Label Matrix for local noticing
0422-2
Case 18-73839-FJS
Eastern District of Virginia
Norfolk
Mon Dec 17 13:33:54 EST 2018

United States Bankruptcy Court
600 Granby St., Room 400
Norfolk, VA 23510-1915

Best Buy/ CBNA
PO Box 6497
Sioux Falls, SD 57117-6497

Bloomington/DSNB
PO Box 8218
Mason, OH 45040-8218

Capital One
P.O. BOX 30281
Salt Lake City, UT 84130-0281

Check into Cash
201 Keith Street
Suite 80
Cleveland, TN 37311-5867

City of Norfolk
PO Box 3215
Norfolk, VA 23514-3215

First Premier Bank
601 South Minnesota Ave.
Sioux Falls, SD 57104-4868

Grand Brands dba Grand Furnitu
1305 Baker Road
Virginia Beach, VA 23455-3317

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Jefferson Sessions, Atty Gen.
US Dept. of Justice
950 Pennsylvania Ave., NW
Washington, DC 20530-0001

Kohls / Capone
PO Box 3115
Milwaukee, WI 53201-3115

Mohela/Dept of Education
633 Sprint Drive
Chesterfield, MO 63005-1243

Net Credit
200 West Jackson Blvd.,
Ste. 1400
Chicago, IL 60606-6929

Nordstrom/TD Bank USA
13531 E Caley Ave
Englewood, CO 80111-6504

Quantum3 Group LLC as agent for
MOMA Funding LLC
PO Box 788
Kirkland, WA 98083-0788

Seventh Avenue
1112 7th Ave
Monroe, WI 53566-1364

TD Bank USA/Target Credit
TD Bank USA/Target Credit
Minneapolis, MN 55440-0000

Tiki Series III Trust
7114 E Stetson Dr.
Suite 250
Scottsdale, AZ 85251-3264

U S Department of Education/MOHELA
633 Spirit Drive
Chesterfield, MO 63005-1243

U.S. Bank Trust National Association, as Tru
c/o McCabe, Weisberg & Conway, LLC
312 Marshall Avenue, Suite 800
Laurel, MD 20707-4808

US Attorney's Office
101 W Main Street, Ste 8000
Norfolk, VA 23510-1671

(p)VIRGINIA DEPARTMENT OF TAXATION
P O BOX 2156
RICHMOND VA 23218-2156

Carolyn Anne Bedi
Bedi Legal, P.C.
501 Independence Pkwy., Suite 102
Chesapeake, VA 23320-5173

Cherie Harrison Savage
5265 Norvella Ave
Norfolk, VA 23513-1542

John P. Fitzgerald, III
Office of the U.S. Trustee, Region 4 -N
200 Granby Street, Room 625
Norfolk, VA 23510-1819

R. Clinton Stackhouse Jr.
Chapter 12/13 Trustee
7021 Harbour View Boulevard
Suite 101
Suffolk, VA 23435-2869

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)U.S. Bank Trust National Association, as T	End of Label Matrix	
	Mailable recipients	26
	Bypassed recipients	1
	Total	27